

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	DMD Services, Inc.	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names	DBA DMD Demolition	
3. Debtor's federal Employer Identification Number (EIN)	36-3539594	
4. Debtor's address	Principal place of business 485 Podlin Dr. Franklin Park, IL 60131 Number, Street, City, State & ZIP Code Cook County	Mailing address, if different from principal place of business 24 Glenoble Ct Oak Brook, IL 60523 P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:	

Debtor **DMD Services, Inc.**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☐ No
- ☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor	See Attachment	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **DMD Services, Inc.**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

☐ Funds will be available for distribution to unsecured creditors.

☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☐ 50-99

☒ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☒ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **DMD Services, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **September 10, 2018**
MM / DD / YYYY

X /s/ Michael DiSilvio
Signature of authorized representative of debtor

Title **Treasurer**

Michael DiSilvio
Printed name

18. Signature of attorney

X /s/ Konstantine Sparagis
Signature of attorney for debtor

Date **September 10, 2018**
MM / DD / YYYY

Konstantine Sparagis 6256702
Printed name

Law Offices Of Konstantine Sparagis
Firm name

**900 W. Jackson Blvd.
Ste. 4E
Chicago, IL 60607**

Number, Street, City, State & ZIP Code

Contact phone **312.753.6956**

Email address **gus@atbankruptcy.com**

6256702 IL

Bar number and State

Debtor **DMD Services, Inc.**
Name

Case number (if known)

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known)

Chapter

7

☐ Check if this an amended filing

FORM 201. VOLUNTARY PETITION

Pending Bankruptcy Cases Attachment

Debtor **Jacqueline J DiSilvio**

Relationship to you

Owner

District **ND ILL**

When **10/05/17**

Case number, if known

17-29901

Debtor **Michael DiSilvio**

Relationship to you

Officer

District **ND ILL**

When **3/27/18**

Case number, if known

18-8777

Fill in this information to identify the case:

Debtor name **DMD Services, Inc.**

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **September 10, 2018**

X /s/ Michael DiSilvio

Signature of individual signing on behalf of debtor

Michael DiSilvio

Printed name

Treasurer

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **DMD Services, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ **12.00**

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ **12.00**

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **0.00**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **1.00**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **5,613,766.67**

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ **5,613,767.67**

Fill in this information to identify the case:

Debtor name DMD Services, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts *(Identify all)*

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Pan American Bank

Checking Account

\$12.00

4. Other cash equivalents *(Identify all)*

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$12.00

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
- ☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.
- ☐ Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
- ☐ Yes Fill in the information below.

Debtor DMD Services, Inc. Case number (If known) _____
Name

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☐ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor **DMD Services, Inc.** Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$12.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$12.00	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$12.00

Fill in this information to identify the case:

Debtor name **DMD Services, Inc.**

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name **DMD Services, Inc.**

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Illinois Department of Revenue Bankruptcy Unit PO Box 19035 Springfield, IL 62794	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number 9594 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number 9594 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Collection Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	DMD Services, Inc. Name	Case number (if known)
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3.1	Nonpriority creditor's name and mailing address Adam C. Toosely Freeborn & Peters, LLP 311 S. Wacker Dr., Ste. 3000 Chicago, IL 60606 Date(s) debt was incurred _____ Last 4 digits of account number <u>0706</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only - Attorneys for Northbrook Bank & Trust</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.2	Nonpriority creditor's name and mailing address Allstate-Commercial Auto Policy PO BOX 4344 Carol Stream, IL 60197 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$542.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.3	Nonpriority creditor's name and mailing address Amex Po Box 297871 Fort Lauderdale, FL 33329 Date(s) debt was incurred <u>Opened 08/02 Last</u> <u>Active 12/13</u> Last 4 digits of account number <u>2833</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.4	Nonpriority creditor's name and mailing address Amex Dsnb 9111 Duke Blvd Mason, OH 45040 Date(s) debt was incurred <u>Opened 09/06 Last</u> <u>Active 2/20/09</u> Last 4 digits of account number <u>9970</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.5	Nonpriority creditor's name and mailing address AT & T Business PO Box 5080 Carol Stream, IL Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.6	Nonpriority creditor's name and mailing address AT&T PO Box 5080 Carol Stream, IL 60197 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,204.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.7	Nonpriority creditor's name and mailing address AT&T Capital Services 13160 Collections Center Dr. Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	DMD Services, Inc. <small>Name</small>	Case number (if known) _____
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3.8	Nonpriority creditor's name and mailing address AT&T Capital Services 13160 Collections Center Dr. Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,712.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.9	Nonpriority creditor's name and mailing address AT&T RM 909 Chestnut St Saint Louis, MO 63101 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.10	Nonpriority creditor's name and mailing address Atlas Bobcat, Inc. 5050 N. River Rd. Schiller Park, IL 60176 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$163.13 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.11	Nonpriority creditor's name and mailing address Axis Response Group 1134 Wildwood Ln Glenview, IL 60025 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$250.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.12	Nonpriority creditor's name and mailing address Blue Cross Blue Shield of Illinois 300 East Randolph Street Chicago, IL 60601 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,075.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.13	Nonpriority creditor's name and mailing address Bluebook PO Box 500 Jefferson Valley, NY 10535 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,872.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.14	Nonpriority creditor's name and mailing address Bluff City Materials 2252 Southwind Blvd Bartlett, IL 60103 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,586.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	DMD Services, Inc. <small>Name</small>	Case number (if known) _____
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3.15	Nonpriority creditor's name and mailing address Central Laborer Fringe Benefit Act. PO Box 1267 Jacksonville, IL 62651 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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3.16	Nonpriority creditor's name and mailing address Chicago Tire, Inc. 16001 Van Drunen Rd Ste 2 South Holland, IL 60473 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,458.00
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3.17	Nonpriority creditor's name and mailing address Chicago Trucking Inc. 5494 W. Roosevelt Rd. Chicago, IL 60644 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,105.00
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3.18	Nonpriority creditor's name and mailing address Christofano Equipment Co., Inc. 643 Harlem Ave Chicago Ridge, IL 60415 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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3.19	Nonpriority creditor's name and mailing address Chuhak & Tecson 30 S. Wacker Dr., 26th Fl Chicago, IL 60606 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,682.00
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3.20	Nonpriority creditor's name and mailing address City of Chicago Cost Recovery PO Box 88292 Chicago, IL 60680 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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3.21	Nonpriority creditor's name and mailing address City of Chicago Dept. of Finance PO Box 88292 Chicago, IL 60680 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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Debtor	DMD Services, Inc. Name	Case number (if known)
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3.22	Nonpriority creditor's name and mailing address City of Chicago Dept. Revenue PO Box 88292 Chicago, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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3.23	Nonpriority creditor's name and mailing address ComEd PO Box 6111 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$457.00
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3.24	Nonpriority creditor's name and mailing address Commercial Credit Group, Inc. 2135 City Gate Lane, Ste. 440 Naperville, IL 60563 Date(s) debt was incurred ____ Last 4 digits of account number <u>1501</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.25	Nonpriority creditor's name and mailing address Commercial Credit Group 2135 City Gate Ln Naperville, IL 60563 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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3.26	Nonpriority creditor's name and mailing address Countryside Landfill PO Box 4647 Carol Stream, IL 60188 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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3.27	Nonpriority creditor's name and mailing address EFIRD ELISABETH 1997 W. Greenleaf Dr. Round Lake, IL 60073 Date(s) debt was incurred ____ Last 4 digits of account number <u>4328</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney for JP Construction</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.28	Nonpriority creditor's name and mailing address Everlights 8027 N. Lawndale Avenue Skokie, IL 60076 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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Debtor	DMD Services, Inc. Name	Case number (if known)
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3.29	Nonpriority creditor's name and mailing address Ford Credit P.O. Box 790119 Saint Louis, MO 63179 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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3.30	Nonpriority creditor's name and mailing address Future Environmental 19701 S. 97th Avenue Mokena, IL 60448 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,437.00
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3.31	Nonpriority creditor's name and mailing address Gensco Equipment 53 Carlaw Ave. Toronto, Canada Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$288.00
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3.32	Nonpriority creditor's name and mailing address Grainger, Inc. Mw H-11 Palatine, IL 60038 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$148.76
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3.33	Nonpriority creditor's name and mailing address Heartland Recycling, LLC J Haber/Kalcheim Haber LLC 134 N LaSalle St., Ste. 2100 Chicago, IL 60602 Date(s) debt was incurred _____ Last 4 digits of account number <u>8028</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,800.00
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3.34	Nonpriority creditor's name and mailing address Heartland Recycling, LLC J Haber/Kalcheim Haber LLC 134 N LaSalle St., Ste. 2100 Chicago, IL 60602 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,782.36
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3.35	Nonpriority creditor's name and mailing address Home Depot Creidt Ser. PO BOX 6029 THE LAKES NV The Lakes, NV 88901 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$899.90
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Debtor	DMD Services, Inc. <small>Name</small>	Case number (if known) _____
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3.36	Nonpriority creditor's name and mailing address Horan Screening & Crushing, Inc. 2328 E Lincoln Highway Joliet, IL 60436 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,770.66
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3.37	Nonpriority creditor's name and mailing address Hoving Pitstop 2351 Powis Rd West Chicago, IL 60185 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$163.82
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3.38	Nonpriority creditor's name and mailing address HUB International Midwest 55 E. Jackson Blvd Chicago, IL 60604 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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3.39	Nonpriority creditor's name and mailing address HUB International Midwest Limited 601 Oakmont Lane Westmont, IL 60559 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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3.40	Nonpriority creditor's name and mailing address IDES 33 South State Street Chicago, IL 60603 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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3.41	Nonpriority creditor's name and mailing address IL OS/OW Permits 2300 S. Dirksen Parkway Springfield, IL 62764 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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3.42	Nonpriority creditor's name and mailing address Int'l Union of Ops Eng Local 150 c/o Steven Davidson 6140 Joliet Rd. La Grange, IL 60525 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgement creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90,425.00
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Debtor	DMD Services, Inc. Name	Case number (if known)
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3.43	Nonpriority creditor's name and mailing address Interunited Trucking Corp. c/o Lyman & Nielsen LLC 1301 W 22nd St., Ste. 914 Oak Brook, IL 60523 Date(s) debt was incurred _____ Last 4 digits of account number <u>1192</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.44	Nonpriority creditor's name and mailing address Interunited Trucking Corp. c/o Lyman & Nielsen LLC 1301 W 22nd St., Ste. 914 Oak Brook, IL 60523 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79,621.40
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3.45	Nonpriority creditor's name and mailing address IUOE PO BOX 94427 Chicago, IL 60690 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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3.46	Nonpriority creditor's name and mailing address JP Construction, Inc. Elizabeth Efird 1997 W. Greenleaf Dr. Round Lake, IL 60073 Date(s) debt was incurred _____ Last 4 digits of account number <u>4328</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.47	Nonpriority creditor's name and mailing address JP General Construction, Inc. 300 W Golf Rd Mount Prospect, IL 60056 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,550.00
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3.48	Nonpriority creditor's name and mailing address KCS Computer Technology Inc. 9524 Franklin Avenue Franklin Park, IL 60131 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$948.93
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3.49	Nonpriority creditor's name and mailing address Konica Minolta Business Solutions 21146 Network Place Chicago, IL 60673 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,428.39
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Debtor	DMD Services, Inc. <small>Name</small>	Case number (if known) _____
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3.50	Nonpriority creditor's name and mailing address Konica Minolta Business Systems 3020 Woodcreek Drive Suite E Downers Grove, IL 60515 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$276.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collections</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.51	Nonpriority creditor's name and mailing address Laborers Pension & Welfare Funds 33367 Treasury Center Chicago, IL 60694 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.52	Nonpriority creditor's name and mailing address Laborers Pension & Welfare Training 33367 Treasury Center Chicago, IL 60694 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.53	Nonpriority creditor's name and mailing address Laborers Pension Fund 11465 W. Cermak Road Westchester, IL 60154 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.54	Nonpriority creditor's name and mailing address Laborers Work Dues Fund Department 4334 Carol Stream, IL 60122 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.55	Nonpriority creditor's name and mailing address Lakeshore Recycling Systems 3152 S California Ave Chicago, IL 60608 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$49,981.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.56	Nonpriority creditor's name and mailing address Laraway RDF PO Box 4647 Carol Stream, IL 60188 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	DMD Services, Inc. Name	Case number (if known)
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3.57	Nonpriority creditor's name and mailing address Leach Enterprises, Inc. 4304 IL-176 Crystal Lake, IL 60014 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,605.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.58	Nonpriority creditor's name and mailing address Liberty Mutual Insurance Company 1 N. Franklin Street, Suite 3025 Chicago, IL 60606 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$250.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.59	Nonpriority creditor's name and mailing address Lindahl Bros, Inc. 622 E Green St Bensenville, IL 60106 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,229.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.60	Nonpriority creditor's name and mailing address Local 731 Checkoff 1000 Burr Ridge Pkwy Willowbrook, IL 60527 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.61	Nonpriority creditor's name and mailing address Local 731 I.B. of T 1000 Burr Ridge Pkwy Willowbrook, IL 60527 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.62	Nonpriority creditor's name and mailing address Local 731 I.B. of T Pension 1000 Burr Ridge Pkwy Willowbrook, IL 60527 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.63	Nonpriority creditor's name and mailing address Local 731 I.B. of T Welfare 1000 Burr Ridge Pkwy Willowbrook, IL 60527 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	DMD Services, Inc. <small>Name</small>	Case number (if known) _____
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3.64	Nonpriority creditor's name and mailing address Local 731, LMCC Task Force 1000 Burr Ridge Pkwy Willowbrook, IL 60527 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.65	Nonpriority creditor's name and mailing address LYMAN NIELSEN LLC 900 OAKMONT LN#308 Westmont, IL 60559 Date(s) debt was incurred _____ Last 4 digits of account number <u>1192</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorneys for Interunited Trucking Corp.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.66	Nonpriority creditor's name and mailing address M.O.E. Apprenticeship Fund P.O. BOX 74632 Chicago, IL 60675 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.67	Nonpriority creditor's name and mailing address M.O.E. CRF P.O. BOX 74632 Chicago, IL 60675 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.68	Nonpriority creditor's name and mailing address M.O.E. Fringe Benefits Funds 6150 Joliet Rd La Grange, IL 60525 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.69	Nonpriority creditor's name and mailing address M.O.E. Pension Trust Fund P.O. BOX 74632 Chicago, IL 60675 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.70	Nonpriority creditor's name and mailing address M.O.E. Retirement Enhancement Fund P.O. BOX 74632 Chicago, IL 60675 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	DMD Services, Inc. Name	Case number (if known)
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3.71	Nonpriority creditor's name and mailing address M.O.E. Vacation Savings Plan P.O. BOX 74632 Chicago, IL 60675 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.72	Nonpriority creditor's name and mailing address M.O.E. Welfare Fund P.O. BOX 74632 Chicago, IL 60675 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.73	Nonpriority creditor's name and mailing address M.T. Transit, Inc. 4450 South Morgan St Chicago, IL 60609 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.74	Nonpriority creditor's name and mailing address Master Hydraulics 540 Morse Ave Schaumburg, IL 60193 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$14,101.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.75	Nonpriority creditor's name and mailing address MAT Construction, Inc. 4450 S Morgan St Chicago, IL 60609 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$38,073.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.76	Nonpriority creditor's name and mailing address McGladrey, LLP 20 N. Martingale Road Suite 500 Schaumburg, IL 60173 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26,043.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.77	Nonpriority creditor's name and mailing address McMaster-Carr PO Box 7690 Chicago, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,184.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	DMD Services, Inc. Name	Case number (if known)
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3.78	Nonpriority creditor's name and mailing address Meade Electric Co. 9550 W 55th St # A La Grange, IL 60525 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,221.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.79	Nonpriority creditor's name and mailing address Meltzer, Purtill, & Steele, LLC 1515 E. Woodfield Road Schaumburg, IL 60173 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$37,271.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.80	Nonpriority creditor's name and mailing address Midcity Plumbing c/o Michael Higgins 6204 W 63rd St. Chicago, IL 60638 Date(s) debt was incurred ____ Last 4 digits of account number <u>9306</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.81	Nonpriority creditor's name and mailing address Midcity Plumbing, Inc. 321 S County Line Franklin Park, IL 60131 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,480.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.82	Nonpriority creditor's name and mailing address Mohr Oil Co. c/o Edmund P Wanderling 2505 S Des Plaines Ave. Riverside, IL 60546 Date(s) debt was incurred ____ Last 4 digits of account number <u>6551</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.83	Nonpriority creditor's name and mailing address Mohr Oil Co. 7340 Harrison St Forest Park, IL 60130 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$51,047.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.84	Nonpriority creditor's name and mailing address Murphy's Contractors Equipment, Inc 2420 N River Rd River Grove, IL 60171 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	DMD Services, Inc. Name	Case number (if known)
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3.85	Nonpriority creditor's name and mailing address NAPA Genuine Parts Co. 5959 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$718.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.86	Nonpriority creditor's name and mailing address National Advertisers Acc. Inc. P.O Box 595 Mount Prospect, IL 60056 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.87	Nonpriority creditor's name and mailing address National Demolition Association 16 N Franklin St Doylestown, PA 18901 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.88	Nonpriority creditor's name and mailing address National Lift Truck, Inc 3333 Mt Prospect Rd Franklin Park, IL 60131 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,900.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.89	Nonpriority creditor's name and mailing address NB PAD Holdings V c/o Freeborn & Peters 311 S. Wacker Dr., Ste. 3000 Chicago, IL 60606 Date(s) debt was incurred ____ Last 4 digits of account number <u>5844</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.90	Nonpriority creditor's name and mailing address Nicor Gas P.O. Box 5407 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.91	Nonpriority creditor's name and mailing address Nicor Gas (Jobs) PO Box 1630 Aurora, IL 60507 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$918.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	DMD Services, Inc. <small>Name</small>	Case number (if known) _____
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3.92	Nonpriority creditor's name and mailing address North Shore Gas 3001 Grand Ave Waukegan, IL 60085 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.00
3.93	Nonpriority creditor's name and mailing address Northbrook Bank 1100 Waukegan Rd Northbrook, IL 60062 Date(s) debt was incurred _____ Last 4 digits of account number <u>0706</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,555,000.00
3.94	Nonpriority creditor's name and mailing address O'Leary Contractors 1031 North Cicero Avenue Chicago, IL 60651 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,795.90
3.95	Nonpriority creditor's name and mailing address Office of Emergency Management 121 N LaSalle Dr Chicago, IL 60602 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
3.96	Nonpriority creditor's name and mailing address P & G Keene 110 Foster Ave Bensenville, IL 60106 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.97	Nonpriority creditor's name and mailing address Patten Industries, Inc. Ryd Law Group, P.C. 1900 Spring Rd., Ste. 216 Oak Brook, IL 60523 Date(s) debt was incurred _____ Last 4 digits of account number <u>R588</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.98	Nonpriority creditor's name and mailing address Patten Industries, Inc. 635 W. Lake St Elmhurst, IL 60126 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,365.15

Debtor	DMD Services, Inc. Name	Case number (if known)
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3.99	Nonpriority creditor's name and mailing address Paul E. King Michael J. Goldstein & Assoc. 77 W. Washington St., Ste. 900 Chicago, IL 60602 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only - Attorneys for Northbrook Bank & Trust</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.100	Nonpriority creditor's name and mailing address Paychex 230 W Monroe St Suite 1020 Chicago, IL 60606 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.101	Nonpriority creditor's name and mailing address Payless Car Rental 5401 W 47th St Chicago, IL 60638 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.102	Nonpriority creditor's name and mailing address Peoples Gas 130 East Randolph Drive Chicago, IL 60601 Date(s) debt was incurred _____ Last 4 digits of account number <u>7330</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,250.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.103	Nonpriority creditor's name and mailing address PetroLiance, LLC. PO Box 636824 Cincinnati, OH 45263 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,012.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.104	Nonpriority creditor's name and mailing address PowerPlan P.O. Box 650215 Dallas, TX 75265 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,930.29 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.105	Nonpriority creditor's name and mailing address Powerscreen of Chicago, LTD. 1212 S NAPER BLVD. Naperville, IL 60540 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	DMD Services, Inc. Name	Case number (if known)
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3.106	Nonpriority creditor's name and mailing address Praire State Water Systems, Inc. 48W557 IL-64 Maple Park, IL 60151 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.107	Nonpriority creditor's name and mailing address Rapid Recovery, Inc. 8945 W Bloomfield Rd Peoria, AZ 85381 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,920.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.108	Nonpriority creditor's name and mailing address Recycling Systems, Inc. 3152 S California Ave Chicago, IL 60608 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.109	Nonpriority creditor's name and mailing address Reliable Asphalt Corp. 2250 Southwind Blvd Bartlett, IL 60103 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.110	Nonpriority creditor's name and mailing address Republic Services Trash 2608 S Damen Ave Chicago, IL 60608 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$759.13 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collections</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.111	Nonpriority creditor's name and mailing address Richard J Clarson Local 731 Dowd Bloch Bennet et al. 8 S. Michigan Ave., 19th Fl Chicago, IL 60603 Date(s) debt was incurred _____ Last 4 digits of account number <u>V629</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$446,248.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only - potential withdrawal liability</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.112	Nonpriority creditor's name and mailing address Sandvik Customer Finance 300 TECHNOLOGY COURT Smyrna, GA 30082 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	DMD Services, Inc. Name	Case number (if known)
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3.113	Nonpriority creditor's name and mailing address Sargent Equipment & Repair Service 281 E Sauk Trl Chicago Heights, IL 60411 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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3.114	Nonpriority creditor's name and mailing address Schaeffer Mfg. Co. 102 Barton Street Saint Louis, MO 63104 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,268.99
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3.115	Nonpriority creditor's name and mailing address Scottsdale Insurance c/o the CKB Firm 30 N. LaSalle, #1520 Chicago, IL 60602 Date(s) debt was incurred ____ Last 4 digits of account number <u>7609</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.116	Nonpriority creditor's name and mailing address Scottsdale Insurance Co. P.O. Box 4120 Scottsdale, AZ 85261 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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3.117	Nonpriority creditor's name and mailing address State Farm Fire c/o Simon & McClosky Ltd. 120 W. Madison, Ste. 1100 Chicago, IL 60602 Date(s) debt was incurred ____ Last 4 digits of account number <u>0165</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.118	Nonpriority creditor's name and mailing address State Farm Mutual c/o James Odea 10707 W. 159th St. Orland Park, IL 60467 Date(s) debt was incurred ____ Last 4 digits of account number <u>6566</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.119	Nonpriority creditor's name and mailing address The Horton Group ,Inc. 10320 Orland Parkway Orland Park, IL 60467 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,821.50
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Debtor	DMD Services, Inc. Name	Case number (if known)
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3.120	Nonpriority creditor's name and mailing address Town of Cicero 4949 W. Cermak Rd Cicero, IL 60804 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,015.73
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3.121	Nonpriority creditor's name and mailing address Tredoc Tire Services P.O. Box 1248 Bedford Park, IL 60499 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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3.122	Nonpriority creditor's name and mailing address Truck Tire Sales, Inc. 426 W Pershing Rd Chicago, IL 60609 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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3.123	Nonpriority creditor's name and mailing address Tyco Integrated Security 2010 Swift Drive Oak Brook, IL 60523 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$880.48
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3.124	Nonpriority creditor's name and mailing address U.S. Treasury Internal Rev. Service 1500 Pennsylvania Avenue Washington, DC 20220 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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3.125	Nonpriority creditor's name and mailing address United Rent-A-Fence 1500 W Fullerton Ave Addison, IL 60101 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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3.126	Nonpriority creditor's name and mailing address US Fabrics, Inc. 3904 Virginia Ave Cincinnati, OH 45227 Date(s) debt was incurred ____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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Debtor	DMD Services, Inc. Name	Case number (if known)
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3.127	Nonpriority creditor's name and mailing address Van Hoesen Industries, Inc. Lichtman Eisen P'ners, Ltd. 222 N. LaSalle St., Ste. 300 Chicago, IL 60601 Date(s) debt was incurred _____ Last 4 digits of account number <u>0586</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.128	Nonpriority creditor's name and mailing address Van Hoesen Industries, Inc. 7n458 Garden Ave Roselle, IL 60172 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,418.40
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3.129	Nonpriority creditor's name and mailing address Verizon Wireless PO Box 25505 Lehigh Valley, PA 18002 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,416.29
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3.130	Nonpriority creditor's name and mailing address Village of Elk Grove Village 901 Wellington Ave Elk Grove Village, IL 60007 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,514.50
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3.131	Nonpriority creditor's name and mailing address Village of Franklin Park 9451 W. Belmont Franklin Park, IL 60131 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
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3.132	Nonpriority creditor's name and mailing address Village of Skokie 5127 Oakton St Skokie, IL 60077 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
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3.133	Nonpriority creditor's name and mailing address Waste Management PO Box 4647 Carol Stream, IL 60197 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
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Debtor	DMD Services, Inc. Name	Case number (if known)
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3.134	Nonpriority creditor's name and mailing address Waste Management -CID RDF P.O. Box 30241 Lansing, MI 48909 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.135	Nonpriority creditor's name and mailing address Waste Management of Illinois PO Box 4648 Carol Stream, IL 60197 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.136	Nonpriority creditor's name and mailing address Waste Mgmt. Bluff City Transfer 1247 Gifford Rd. Elgin, IL 60121 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.137	Nonpriority creditor's name and mailing address Waveland Recycling, Inc. 10525 Waveland Ave Franklin Park, IL 60131 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.138	Nonpriority creditor's name and mailing address West Side Tractor Sales 1400 Ogden Ave Naperville, IL 60563 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.139	Nonpriority creditor's name and mailing address Wisco Ind. Supply P.O. Box 88666 Chicago, IL 60680 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$118.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.140	Nonpriority creditor's name and mailing address WSI Infiinet Results, LLC. 362 E 4 Mile Rd Racine, WI 53402 Date(s) debt was incurred _____ Last 4 digits of account number <u>9594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$900.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Debtor **DMD Services, Inc.** Case number (if known) _____
Name

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
 Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>1.00</u>
5b. +	\$ <u>5,613,766.67</u>
5c.	\$ <u>5,613,767.67</u>

Fill in this information to identify the case:

Debtor name DMD Services, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Fill in this information to identify the case:

Debtor name DMD Services, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1 _____	Street _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	Street _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	Street _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	Street _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name DMD Services, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From 1/01/2018 to **Filing Date**

Sources of revenue
Check all that apply

☐ Operating a business
No business operations or revenue
☒ Other _____

Gross revenue
(before deductions and exclusions)

\$0.00

For prior year:
From 1/01/2017 to 12/31/2017

☐ Operating a business
No business operations or revenue
☒ Other _____

\$0.00

For year before that:
From 1/01/2016 to 12/31/2016

☒ Operating a business
☐ Other _____

\$79,880.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **DMD Services, Inc.**

Case number (if known)

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
Ford Motor Credit	2016 Ford Explorer repossessed	5/2018	Unknown
Commeccrical Credit Corp	Debtor's remaining heavy equipment pledged as collateral	10/2016	\$125,000.00

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	JP Construction vs. DMD Services Inc. 2015-L-004328	Collection	Circuit Court Cook County	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2.	INTERUNITED TRUCKING CORP v. DMD SERVICES, INC. 2015-L-001192	Collection	Circuit Court Cook County	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.3.	International Union of Operating Engineers, Local 150, AFL-CIO v. DMD Services, Inc. 2016-cv-09511	Collection	Federal Dist. Court ND IL	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Debtor **DMD Services, Inc.**

Case number (if known)

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.4.	Richard J. Clarson as Administrator of Local No. 731, I.B. of T., Excavators and Pavers Pension Trust Fund v. DMD Services, Inc. 2017-cv-00629	Collection	Federal Dist. Court ND IL	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None
Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**
☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Dates of loss	Value of property lost
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Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Law Offices of Konstantine Sparagis, PC 900 W. Jackson Blvd., Ste. 4E Chicago, IL 60607	\$3165 Attorneys Fees \$335 Filing Fees	2018	\$3,500.00
Email or website address			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case

Debtor **DMD Services, Inc.**

Case number (if known) _____

to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

Debtor **DMD Services, Inc.**

Case number (if known) _____

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. Pan American Bank	XXXX-	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	January 2017	\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

Debtor **DMD Services, Inc.**

Case number (if known) _____

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
-----------------------	-------------------------------------	--

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. RSM US LLP 20 N. Martingale Rd., Ste. 500 Schaumburg, IL 60173	2007 - 2016

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. RSM US LLP 20 N. Martingale Rd., Ste. 500 Schaumburg, IL 60173	Most business records of debtor are unavailable as they were part of repossession action by lender at or near the time the debtor ceased operations.

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial

Debtor **DMD Services, Inc.**

Case number (if known) _____

statement within 2 years before filing this case.

☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory****28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
Jacqueline Disilvio	24 Glenoble Ct. Oak Brook, IL 60523	President	100%
Michael Disilvio	24 Glenoble Ct. Oak Brook, IL 60523	Treasurer	0%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?☒ No☐ Yes. Identify below.**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No☐ Yes. Identify below.**Name and address of recipient****Amount of money or description and value of property****Dates****Reason for providing the value****31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**☒ No☐ Yes. Identify below.**Name of the parent corporation****Employer Identification number of the parent corporation****32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**☐ No☒ Yes. Identify below.

Debtor DMD Services, Inc.

Case number (if known) _____

Name of the pension fundLocal 731
Local 225
Local 150**Employer Identification number of the parent corporation**

EIN: 9594

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 10, 2018

/s/ Michael DiSilvio

Signature of individual signing on behalf of the debtor

Michael DiSilvio

Printed name

Position or relationship to debtor Treasurer

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
Northern District of Illinois**

In re **DMD Services, Inc.**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	3,165.00
Prior to the filing of this statement I have received	\$	3,165.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

☐ Debtor ☒ Other (specify): **Jacqueline & Michael Disilvio**

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 10, 2018

Date

/s/ Konstantine Sparagis

Konstantine Sparagis 6256702

Signature of Attorney

Law Offices Of Konstantine Sparagis

900 W. Jackson Blvd.

Ste. 4E

Chicago, IL 60607

312.753.6956 Fax: 866.333.1840

gus@atbankruptcy.com

Name of law firm

RETAINER AGREEMENT

Page 45 of 64

WHEREAS, __DMD Services, Inc.__(“Client”) desires to retain the Law Offices of Konstantine Sparagis, P.C. a debt relief agency and law firm (“the Attorneys”), to represent her/him/them/it regarding its interests (“Interests”) related to the filing of a petition for relief under chapter 7 of Title 11 U.S.C. (the “Bankruptcy Code”) in the United States Bankruptcy Court for the Northern District of Illinois; and

NOW THEREFORE, in consideration of the obligations of the Attorneys and the Client (collectively “the Parties”) set forth herein, the Parties hereby agree as follows:

Article 1. The Attorneys’ Duties

1.1 In addition to performing the duties set forth in Article 3.1, the Attorneys shall investigate and advise the Client regarding its Interests. The Client understands that the Bankruptcy Case may be complex, and that the Attorneys’ investigation has just begun. Therefore, the Client also understands that discovery in the case and/or other future events may change the Attorneys’ advice regarding its Interests, perhaps materially so. The Attorneys are not obligated to begin or to continue to prosecute or defend any claim that in their sole professional judgment is or becomes objectively or subjectively frivolous, can only be brought in bad faith, or whose continued prosecution comes to constitute bad faith, violates or comes to violate any rule or code of professional ethics, or has or comes to have so little chance of success on the merits that it is not reasonable to expect the Attorneys to continue to invest their time in the prosecution thereof.

1.2 The Attorneys are specifically under no obligation to prosecute or to defend any appeal by reason of this Retainer Agreement.

Article 2. The Attorneys’ Authority To Act

2.1 In matters of professional responsibility, the Attorneys shall act in their own discretion as they deem proper under the applicable rules of court and the Illinois Code of Professional Responsibility and the Rules of any Court in which the case is prosecuted, and without any direction from the Client.

2.2 The Attorneys recognize that it is the Attorneys’ general duty to carry out the directions of their principal,

the Client, but the Client recognizes that their agents, the Attorneys, are possessed of special skills and training in legal matters beyond those of the Client. Therefore, in matters of general strategy, the Attorneys shall follow the general directions of the Clients where such direction does not impinge upon the Attorneys’ professional responsibilities in any or all matters, or the Attorneys’ professional judgment in matters concerning which a full consultation with the Client is not practical.

2.3 Nothing herein shall be construed to limit the Attorneys’ responsibilities under the Illinois Code of Professional Responsibility, but it is the Parties’ desire that the provisions hereof be interpreted to the greatest extent possible to conform to said Illinois Code of Professional Responsibility.

Article 3. The Attorneys’ Fees

3.1 The Client shall timely pay the Attorneys a flat fee in the sum of \$3500.00 which includes all fees and costs. It is expressly understood that no case will be filed until the aforementioned fees are paid in full. The fees include consulting with the Clients to discuss the Client’s financial condition and possible solutions; preparing, filing and amending their bankruptcy schedules and all documents required to be filed by the Bankruptcy Code; appearing at the Client’s 341 Meeting of Creditors; negotiating reaffirmation agreements with the Client’s secured creditors; provide the sections 342(b)(1), 527 and 521 notices which are attached hereto; and cooperating with the Trustee assigned to the case. This fee expressly does not include any obligation on the Attorneys to prosecute or defend any and/or all contested motions and/or any and all adversary proceedings (“Additional Services”), which may arise as a result of the Clients’ bankruptcy case. Anything herein to the contrary, both the Attorneys and the Client will endeavor to be fair and reasonable with each other in all billing matters.

All retainers described herein, including all future retainers, are expressly agreed to be “advance payment retainers” as described in *In re: Production Associates, Ltd.* 264 B.R. 180 (Bkrcty. N.D.Ill 2001) and *Dowling v. Chicago Options Associates, Inc.*, 2007 WL 128879 (Ill.). The Attorneys will commingle the retainer and any future retainer immediately upon receipt with their general funds being obligated only to refund an amount equal to the unearned portion thereof, if any, promptly after the termination of the Attorney’s services. Ordinarily, Client

has the option to request that the retainer be considered a "security retainer" where Client continues to have an interest in the funds, but Client recognizes and agrees that the Attorneys would not undertake the representation on that basis. The Attorneys are obligated by the *Dowling* case to advise Client of the reason they would decline to represent Client on a security retainer basis, and that reason is the Attorneys do not desire even to potentially compete with the creditors of the Client on a security retainer basis.

3.2 Compensation will be paid to the Attorneys at their customary hourly rates for all Additional Services (including all para-professional staff) as they exist from time to time. The rates are currently \$250 per hour for attorney's time, and \$85 per hour for para-professionals. In addition, if for any reason the attorney-client relationship is terminated by either of the Parties, then upon such termination the Attorneys will prepare an accounting and forward the same to the Client and charge the Client on an hourly basis for all time expended by the Attorneys up until the time of termination, including the preparation of the accounting.

3.3 All costs for Additional Services will be charged to the Client, and include all expenses incurred, and disbursements made by the Attorneys on the Client's behalf in connection with this matter will be payable by the Client in addition to the professional fees. The Attorneys will generally bill the Client for such costs once a month unless the costs incurred are so insignificant as not to justify a billing. In the case of any cost the Attorneys deem exceptional in their sole discretion, the Attorneys may request payment in advance or payment directly from the Client to the provider.

3.4 The Client may object to any charge appearing on any bill rendered by the Attorneys. However, the Client will pay within one month of the date of any bill for any and all charges to which it does not specifically object. The Attorneys are always pleased to discuss their charges with the Client, but the Client agrees that any bill not objected to within one month of the date thereof shall constitute an "account stated" and no longer be subject to dispute. The reason for setting this deadline is to keep any objections (and the memories that underlie them for all the Parties) from becoming stale, and to encourage the Client to bring any billing controversies to the Attorneys' attention as soon as possible to foster a speedy resolution thereof.

Article 4. Contract Construction

4.1 This Agreement shall be construed under a rule of reasonableness at the time it was entered, examining any provision thereof with a mind that the Parties hereto were acting in good faith and without oppression, attempting to reach a fair and equitable means on which the Attorneys could pursue the Client's Interests for the Client

4.2 This Agreement shall be construed according to the laws of the State of Illinois and the Parties agree to submit to the jurisdiction of any State Court in the Circuit Court of Cook County.

4.3 Subject to any rule, procedure or court order that is adopted by the courts in this jurisdiction which are expressly incorporated by reference into this Agreement and made a part hereof, the Parties acknowledge that this Agreement embodies the full understanding of the Parties hereto and is a fully integrated agreement that may only be altered or amended by a writing signed by both Parties.

Article 5. Legal Advice Regarding This Agreement

5.1 The Attorneys are not representing the Client regarding their entering this Agreement, nor are they rendering any legal advice to the Client regarding same and that the Client represents that the Attorneys have advised the Client that they should retain their own independent legal opinion (meaning from legal counsel other than the Attorneys) regarding its entering this Agreement with the Attorneys, and that the Client have indeed obtained that independent legal advice or has knowingly waived their right to obtain such independent advice.

Article 6. General

6.1 Termination of this Agreement must be made in writing by sending notice to the Parties at their designated or last known address. To the extent required, upon termination, the Attorneys will apply to the court for an order authorizing the Attorneys' withdrawal from representation. The Attorneys will return any original documents to the Client. The remainder of the file shall be the Attorneys' work product and will be retained by the Attorneys for 6 years.

6.2 In addition to paying the attorney's fees and all other costs set forth in the Agreement; Client also agrees to

carry out all of the Client's obligations pursuant to section 521 of the Bankruptcy Code; to provide full, honest and accurate disclosures of all the Client's assets, liabilities and financial information; to notify the Attorneys of any change or anticipated change in circumstances.

Article 7. Required Disclosures

7.1 Under the new law bankruptcy laws, you are required to take a Credit Counseling Course prior to the filing of your bankruptcy petition and a Financial Management Course prior to the discharge of your bankruptcy. If you fail to complete these courses your bankruptcy will be denied.

7.2 Section 527 of the Bankruptcy Code requires a debt relief agency to provide an assisted person with the following: A copy of the notice prepared by the clerk of the Bankruptcy Court, in accordance with the requirements of § 342(b), which you have been shown at your initial consultation and which contains a brief description of Chapters 7, 11, 12, and 13 and the general purpose, benefits, and costs of proceeding under each of those chapters; and the types of services available from credit counseling agencies; specifying that a person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury in connection with a case under this title shall be subject to fine, imprisonment, or both; and that all information supplied by a debtor in connection with a case under this title is subject to examination by the Attorney General.

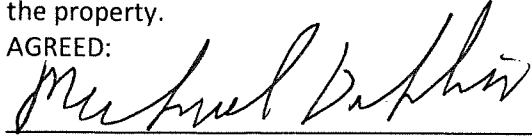
7.3 All information that the assisted person is required to provide with a petition and thereafter during a case under this title is required to be complete, accurate, and truthful; all assets and all liabilities are required to be completely and accurately disclosed in the documents filed to commence the case, and the replacement value of each asset as defined in § 506 must be stated in those documents where requested after reasonable inquiry to establish such value; current monthly income, the amounts specified in section 707(b)(2), and, in a case under Chapter 13 of this title, disposable income (determined in accordance with § 707(b)(2)) are required to be stated after reasonable inquiry; and information that an assisted person provides during his or her case may be audited pursuant to this title, and failure to provide such information may result in dismissal of the case under this title or other sanction, including a criminal sanction.

7.4 If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. The law requires an attorney or bankruptcy petition preparer to give you a written contract specifying what the attorney or bankruptcy petition preparer will do for you and how much it will cost. Ask to see the contract before you hire anyone. The following information explains what must be done in a routine bankruptcy case to help you evaluate how much service you need. Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and decide which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents must be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you must attend the required first meeting of creditors, where you may be questioned by a court official called a "trustee" and by creditors. If you choose to file a Chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts. If you choose to file a Chapter 13 case, in which you repay your creditors what you can afford over 3 to 5 years, you may also want help preparing your Chapter 13 plan and with the confirmation hearing on your plan, which will be before a bankruptcy judge. If you select another type of relief under the Bankruptcy Code other than Chapter 7 or Chapter 13, you should consult someone familiar with that type of relief. Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only lawyers, not bankruptcy petition preparers, can give you legal advice.

7.5 To compile your income refer to recent paystubs accounting for all income. Review your monthly expenditures and make your best estimate on cash expenditures. If you are required to pass a "means test" because of your income, your estimated monthly expenses will be based upon IRS allowances based on the area in which you live. If your expenses exceed the allotted amounts, you may need to make adjustments accordingly. When you value your property, consider the prices for housing in your area, in newspapers for automobiles, and what you would pay for furniture and clothes at stores selling such goods. If you have an item of unique or special value, an appraisal may be necessary. When listing

creditors, base their information on current bills. Some of your property is exempt and may be retained according to the exemptions that we have reviewed at your consultation. If a creditor has a lien on exempt property, the lien may be avoidable, or you may have to pay to keep the property.

AGREED:



Debtor

Date

**United States Bankruptcy Court
Northern District of Illinois**

In re **DMD Services, Inc.**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **142**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **September 10, 2018**

/s/ Michael DiSilvio

Michael DiSilvio/Treasurer

Signer/Title

Adam C. Toosely
Freeborn & Peters, LLP
311 S. Wacker Dr., Ste. 3000
Chicago, IL 60606

Allstate-Commercial Auto Policy
PO BOX 4344
Carol Stream, IL 60197

Amex
Po Box 297871
Fort Lauderdale, FL 33329

Amex Dsnb
9111 Duke Blvd
Mason, OH 45040

AT & T Business
PO Box 5080
Carol Stream, IL

AT&T
PO Box 5080
Carol Stream, IL 60197

AT&T Capital Services
13160 Collections Center Dr.

AT&T Capital Services
13160 Collections Center Dr.
Chicago, IL 60693

AT&T RM
909 Chestnut St
Saint Louis, MO 63101

Atlas Bobcat, Inc.
5050 N. River Rd.
Schiller Park, IL 60176

Axis Response Group
1134 Wildwood Ln
Glenview, IL 60025

Blue Cross Blue Shield of Illinois
300 East Randolph Street
Chicago, IL 60601

Bluebook
PO Box 500
Jefferson Valley, NY 10535

Bluff City Materials
2252 Southwind Blvd
Bartlett, IL 60103

Central Laborer Fringe Benefit Act.
PO Box 1267
Jacksonville, IL 62651

Chicago Tire, Inc.
16001 Van Drunen Rd Ste 2
South Holland, IL 60473

Chicago Trucking Inc.
5494 W. Roosevelt Rd.
Chicago, IL 60644

Christofano Equipment Co., Inc.
643 Harlem Ave
Chicago Ridge, IL 60415

Chuhak & Tecson
30 S. Wacker Dr., 26th Fl
Chicago, IL 60606

City of Chicago Cost Recovery
PO Box 88292
Chicago, IL 60680

City of Chicago Dept. of Finance
PO Box 88292
Chicago, IL 60680

City of Chicago Dept. Revenue
PO Box 88292
Chicago, IL 60680

ComEd
PO Box 6111
Carol Stream, IL 60197

Commercial Credit Group, Inc.
2135 City Gate Lane, Ste. 440
Naperville, IL 60563

Commercial Creidt Group
2135 City Gate Ln
Naperville, IL 60563

Countryside Landfill
PO Box 4647
Carol Stream, IL 60188

EFIRD ELISABETH
1997 W. Greenleaf Dr.
Round Lake, IL 60073

Everlights
8027 N. Lawndale Avenue
Skokie, IL 60076

Ford Credit
P.O. Box 790119
Saint Louis, MO 63179

Future Environmental
19701 S. 97th Avenue
Mokena, IL 60448

Gensco Equipment
53 Carlaw Ave.
Toronto, Canada

Grainger, Inc.
Mw H-11
Palatine, IL 60038

Heartland Recycling, LLC
J Haber/Kalcheim Haber LLC
134 N LaSalle St., Ste. 2100
Chicago, IL 60602

Heartland Recycling, LLC
J Haber/Kalcheim Haber LLC
134 N LaSalle St., Ste. 2100
Chicago, IL 60602

Home Depot Credit Ser.
PO BOX 6029 THE LAKES NV
The Lakes, NV 88901

Horan Screening & Crushing, Inc.
2328 E Lincoln Highway
Joliet, IL 60436

Hoving Pitstop
2351 Powis Rd
West Chicago, IL 60185

HUB International Midwest
55 E. Jackson Blvd
Chicago, IL 60604

HUB International Midwest Limited
601 Oakmont Lane
Westmont, IL 60559

IDES
33 South State Street
Chicago, IL 60603

IL OS/OW Permits
2300 S. Dirksen Parkway
Springfield, IL 62764

Illinois Department of Revenue
Bankruptcy Unit
PO Box 19035
Springfield, IL 62794

Int'l Union of Ops Eng Local 150
c/o Steven Davidson
6140 Joliet Rd.
La Grange, IL 60525

Internal Revenue Service
P.O. Box 802501
Cincinnati, OH 45280

Interunited Trucking Corp.
c/o Lyman & Nielsen LLC
1301 W 22nd St., Ste. 914
Oak Brook, IL 60523

Interunited Trucking Corp.
c/o Lyman & Nielsen LLC
1301 W 22nd St., Ste. 914
Oak Brook, IL 60523

IUOE
PO BOX 94427
Chicago, IL 60690

JP Construction, Inc.
Elizabeth Efird
1997 W. Greenleaf Dr.
Round Lake, IL 60073

JP General Construction, Inc.
300 W Golf Rd
Mount Prospect, IL 60056

KCS Computer Technology Inc.
9524 Franklin Avenue
Franklin Park, IL 60131

Konica Minolta Business Solutions
21146 Network Place
Chicago, IL 60673

Konica Minolta Business Systems
3020 Woodcreek Drive Suite E
Downers Grove, IL 60515

Laborers Pension & Welfare Funds
33367 Treasury Center
Chicago, IL 60694

Laborers Pension & Welfare Training
33367 Treasury Center
Chicago, IL 60694

Laborers Pension Fund
11465 W. Cermak Road
Westchester, IL 60154

Laborers Work Dues Fund
Department 4334
Carol Stream, IL 60122

Lakeshore Recycling Systems
3152 S California Ave
Chicago, IL 60608

Laraway RDF
PO Box 4647
Carol Stream, IL 60188

Leach Enterprises, Inc.
4304 IL-176
Crystal Lake, IL 60014

Liberty Mutual Insurance Company
1 N. Franklin Street, Suite 3025
Chicago, IL 60606

Lindahl Bros, Inc.
622 E Green St
Bensenville, IL 60106

Local 731 Checkoff
1000 Burr Ridge Pkwy
Willowbrook, IL 60527

Local 731 I.B. of T
1000 Burr Ridge Pkwy
Willowbrook, IL 60527

Local 731 I.B. of T Pension
1000 Burr Ridge Pkwy
Willowbrook, IL 60527

Local 731 I.B. of T Welfare
1000 Burr Ridge Pkwy
Willowbrook, IL 60527

Local 731, LMCC Task Force
1000 Burr Ridge Pkwy
Willowbrook, IL 60527

LYMAN NIELSEN LLC
900 OAKMONT LN#308
Westmont, IL 60559

M.O.E. Apprenticeship Fund
P.O. BOX 74632
Chicago, IL 60675

M.O.E. CRF
P.O. BOX 74632
Chicago, IL 60675

M.O.E. Fringe Benefits Funds
6150 Joliet Rd
La Grange, IL 60525

M.O.E. Pension Trust Fund
P.O. BOX 74632
Chicago, IL 60675

M.O.E. Retirement Enhancement Fund
P.O. BOX 74632
Chicago, IL 60675

M.O.E. Vacation Savings Plan
P.O. BOX 74632
Chicago, IL 60675

M.O.E. Welfare Fund
P.O. BOX 74632
Chicago, IL 60675

M.T. Transit, Inc.
4450 South Morgan St
Chicago, IL 60609

Master Hydraulics
540 Morse Ave
Schaumburg, IL 60193

MAT Construction, Inc.
4450 S Morgan St
Chicago, IL 60609

McGladrey, LLP
20 N. Martingale Road Suite 500
Schaumburg, IL 60173

McMaster-Carr
PO Box 7690
Chicago, IL 60680

Meade Electric Co.
9550 W 55th St # A
La Grange, IL 60525

Meltzer, Purtill, & Steele, LLC
1515 E. Woodfield Road
Schaumburg, IL 60173

Midcity Plumbing
c/o Michael Higgins
6204 W 63rd St.
Chicago, IL 60638

Midcity Plumbing, Inc.
321 S County Line
Franklin Park, IL 60131

Mohr Oil Co.
c/o Edmund P Wanderling
2505 S Des Plaines Ave.
Riverside, IL 60546

Mohr Oil Co.
7340 Harrison St
Forest Park, IL 60130

Murphy's Contractors Equipment, Inc
2420 N River Rd
River Grove, IL 60171

NAPA Genuine Parts Co.
5959 Collections Center Drive
Chicago, IL 60693

National Advertisers Acc. Inc.
P.O Box 595
Mount Prospect, IL 60056

National Demolition Association
16 N Franklin St
Doylestown, PA 18901

National Lift Truck, Inc
3333 Mt Prospect Rd
Franklin Park, IL 60131

NB PAD Holdings V
c/o Freeborn & Peters
311 S. Wacker Dr., Ste. 3000
Chicago, IL 60606

Nicor Gas
P.O. Box 5407
Carol Stream, IL 60197

Nicor Gas (Jobs)
PO Box 1630
Aurora, IL 60507

North Shore Gas
3001 Grand Ave
Waukegan, IL 60085

Northbrook Bank
1100 Waukegan Rd
Northbrook, IL 60062

O'Leary Contractors
1031 North Cicero Avenue
Chicago, IL 60651

Office of Emergency Management
121 N LaSalle Dr
Chicago, IL 60602

P & G Keene
110 Foster Ave
Bensenville, IL 60106

Patten Industries, Inc.
Ryd Law Group, P.C.
1900 Spring Rd., Ste. 216
Oak Brook, IL 60523

Patten Industries, Inc.
635 W. Lake St
Elmhurst, IL 60126

Paul E. King
Michael J. Goldstein & Assoc.
77 W. Washington St., Ste. 900
Chicago, IL 60602

Paychex
230 W Monroe St Suite 1020
Chicago, IL 60606

Payless Car Rental
5401 W 47th St
Chicago, IL 60638

Peoples Gas
130 East Randolph Drive
Chicago, IL 60601

PetroLiance, LLC.
PO Box 636824
Cincinnati, OH 45263

PowerPlan
P.O. Box 650215
Dallas, TX 75265

Powerscreen of Chicago, LTD.
1212 S NAPER BLVD.
Naperville, IL 60540

Prairie State Water Systems, Inc.
48W557 IL-64
Maple Park, IL 60151

Rapid Recovery, Inc.
8945 W Bloomfield Rd
Peoria, AZ 85381

Recycling Systems, Inc.
3152 S California Ave
Chicago, IL 60608

Reliable Asphalt Corp.
2250 Southwind Blvd
Bartlett, IL 60103

Republic Services Trash
2608 S Damen Ave
Chicago, IL 60608

Richard J Clarson Local 731
Dowd Bloch Bennet et al.
8 S. Michigan Ave., 19th Fl
Chicago, IL 60603

Sandvik Customer Finance
300 TECHNOLOGY COURT
Smyrna, GA 30082

Sargent Equipment & Repair Service
281 E Sauk Trl
Chicago Heights, IL 60411

Schaeffer Mfg. Co.
102 Barton Street
Saint Louis, MO 63104

Scottsdale Insurance
c/o the CKB Firm
30 N. LaSalle, #1520
Chicago, IL 60602

Scottsdale Insurance Co.
P.O. Box 4120
Scottsdale, AZ 85261

State Farm Fire
c/o Simon & McClosky Ltd.
120 W. Madison, Ste. 1100
Chicago, IL 60602

State Farm Mutual
c/o James Odea
10707 W. 159th St.
Orland Park, IL 60467

The Horton Group , Inc.
10320 Orland Parkway
Orland Park, IL 60467

Town of Cicero
4949 W. Cermak Rd
Cicero, IL 60804

Tredoc Tire Services
P.O. Box 1248
Bedford Park, IL 60499

Truck Tire Sales, Inc.
426 W Pershing Rd
Chicago, IL 60609

Tyco Integrated Security
2010 Swift Drive
Oak Brook, IL 60523

U.S. Treasury Internal Rev. Service
1500 Pennsylvania Avenue
Washington, DC 20220

United Rent-A-Fence
1500 W Fullerton Ave
Addison, IL 60101

US Fabrics, Inc.
3904 Virginia Ave
Cincinnati, OH 45227

Van Hoesen Industries, Inc.
Lichtman Eisen P'ners, Ltd.
222 N. LaSalle St., Ste. 300
Chicago, IL 60601

Van Hoesen Industries, Inc.
7n458 Garden Ave
Roselle, IL 60172

Verizon Wireless
PO Box 25505
Lehigh Valley, PA 18002

Village of Elk Grove Village
901 Wellington Ave
Elk Grove Village, IL 60007

Village of Franklin Park
9451 W. Belmont
Franklin Park, IL 60131

Village of Skokie
5127 Oakton St
Skokie, IL 60077

Waste Management
PO Box 4647
Carol Stream, IL 60197

Waste Management -CID RDF
P.O. Box 30241
Lansing, MI 48909

Waste Management of Illinois
PO Box 4648
Carol Stream, IL 60197

Waste Mgmt. Bluff City Transfer
1247 Gifford Rd.
Elgin, IL 60121

Waveland Recycling, Inc.
10525 Waveland Ave
Franklin Park, IL 60131

West Side Tractor Sales
1400 Ogden Ave
Naperville, IL 60563

Wisco Ind. Supply
P.O. Box 88666
Chicago, IL 60680

WSI Infiinet Results, LLC.
362 E 4 Mile Rd
Racine, WI 53402

**United States Bankruptcy Court
Northern District of Illinois**

In re **DMD Services, Inc.**

Debtor(s)

Case No.

Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **DMD Services, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

September 10, 2018

Date

/s/ Konstantine Sparagis

Konstantine Sparagis 6256702

Signature of Attorney or Litigant

Counsel for **DMD Services, Inc.**

Law Offices Of Konstantine Sparagis

900 W. Jackson Blvd.

Ste. 4E

Chicago, IL 60607

312.753.6956 Fax:866.333.1840

gus@atbankruptcy.com